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**FEC** 

Only

## HAND DELIVERED

## STATEMENT OF **ORGANIZATION**

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(Revised 06/2012)

FORM 1		O	HGAN	IZAI	IUN	i		İ			0.00				
NAME OF     COMMITTEE (in	full)		Check if nam changed)		Example over the		ng, type				5	ce Use C			
Jamie Rask	kin for	Congr	ess	1_1_1	1. 1	<u> </u>		1 1	1 1			1 1 1		1 1	1
					1_1_	L_L_L	_11				<u> </u>				
ADDRESS (number ar	nd street)	5 Hilltop F	Road	1 1 1	<u> </u>	<u> </u>		1 !	11.	1.1					
(Check if a					<u> </u>	<u> </u>		_1_1_					i_l	<u> </u>	لــــ
·	,	Silver Spi	ring │		<u> </u>	<u> </u>		_	LMD STAT	E 🛦	2091		-[ :IP CO	DE ▲	
COMMITTEE'S E-MA	IL ADDRE	SS													
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		Optional \$	Second E-Ma	ail Address	s 	<u> </u>	<u>. ! !</u>	<u> </u>	<u>l !-</u>	1	<u> </u>	1 1 1			
COMMITTEE'S WEB	PAGE AD	DRESS (UR	L)												
(Check if a	ddress	Pending	, 	111		<u> </u>		1 1		11:		<u> </u>		<u>.</u> .	
,	,						<u> </u>		<u> </u>			<u></u>		<u> </u>	
2. DATE 0		<u> </u>	Y 3 Y 7 2015												
3. FEC IDENTIFIC	CATION NI	JMBER ▶			in inglinange : no sikonender	anyment	Parenters.								
4. IS THIS STATEM	MENT	NEW	(N) O	R		AMEN	DED (A	<b>(</b> )							
I certify that I have e	xamined th	nis Statemer	nt and to the	best of n	ny know	ledge a	nd beli	ef it is	true,	correc	t and o	complete	Э.		
Type or Print Name of	of Treasure	r Maria Tei	resa Figuered	0	<i></i>										
Signature of Treasure	ir	$\mathcal{M}$	M	<b>X</b>				D	ate	0.	4	03	/ NY	2015	Y V V V V V V V V V V V V V V V V V V V
NOTE: Submission of	false, erron		mplete inform GE IN INFOF									enalties	of 2 U	.S.C. §	437g.
Office Use			_			l <b>urther i</b> r ral Electi			act:		F	EC F	ORN	/ 1	

Toll Free 800-424-9530

Local 202-694-1100

ı	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		COMMITTEE	
•		e Committee:	
(a)	X	This committee is a principal campaign committee. (Complete the candidate information below.)	1
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	plete the candidate
Name Cand		Jamie Raskin	1 1 1 1 1 1 1
			MD
	lidate <sup>,</sup> Affiliati	on DEM Sought: House [ Senate President	State 08
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	Bander alv Single
Name Cand			
Parl	ty Con	nmittee:	
(d)		a) id id	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)	122	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected organization is a:
		Corporation Corporation w/o Capital Stock	Labor Organization
		and the second s	·
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/oppose's more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	gregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		First I	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)	1	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
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	3.	FEC ID number C	
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FEC Form 1 (Revised	i 02/2009)			Page 3
Write or Type Committee Nar	me			
Jamie Raskin t	for Congress			
6. Name of Any Connected	Organization, Affiliated Committee	e, Joint Fundraising Repr	resentative, or Lead	dership PAC Sponsor
NONE				
. Mailing Address				
			1 , 1 1 ;	
	CITY	<del>' - 1 1 1</del>	STATE	ZIP CODE
Relationship: Connecti	ed Organization Affiliated Commi	tee Joint Fundraising	Representative	Leadership PAC Sponsor
Custodian of Records: Ide books and records.	entify by name, address (phone num	ber optional) and positi	on of the person in	possession of committee
Maria Te Full Name	resa Figueredo			
Mailing Address	5 Hilltop Road		1 1 1 1 1 1	
v			1 1 1 1 1	
	Silver Spring		MD 2091	0   1-1   1   1
Title or Position	CITY		STATE	ZIP CODE
Treasurer		Telephone num	ber	
Treasurer: List the name are any designated agent (e.g.,	nd address (phone number optional assistant treasurer).	al) of the treasurer of the	committee; and the	name and address of
Full Name Maria Ter of Treasurer !!!	resa Figueredo		11111	
Mailing Address	5 Hilltop Road			
		1 1 1 1 1 1 1		
•	Silver Spring CITY		MD 20910 STATE	ZIP CODE
Title or Position Treasurer		Telephone numt		ZIF CODE

FEC Form 1 (Revise	d 02/2009)		Page 4
Full Name of Designated Agent			
Mailing Address		<u>                                     </u>	
·	CITY	STATE	ZIP C <b>O</b> DE
Title or Position	Telephone nu	umber	
Banks or Other Depositori safety deposit boxes or main Name of Bank, Depository, of		ittee deposits funds, hol	ds accounts, rents
SunTru	ıst 	<u>!                                    </u>	
Mailing Address	6931 Laurel Avenue		
		<u> </u>	
,	Takoma Park	MD 20912	
	CITY	STATE	ZIP CODE
Name of Bank, Depository, e	etc.	······································	
Mailing Address			
	CITY	STATE	ZIP CODE

## Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received.

The FEC added this page to the end of this in	ing to indicate now it was received.
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Received from House Records & Registration	on Office
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Received from Electronic Filing Office	
	Date of Receipt or Postmarked
Other (Specify):	Date of Neceipt of Fostillarked
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	4/2/1
PREPARER	7/3/1) NATE PREDAREN
(3/2015)	DATE FREFARED